

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2010 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Attorney Docket No. <p style="text-align: center; font-weight: bold;">29137.074.00</p>
In re Application of: Bum-Gyu CHOI		Confirmation No.: 8704
Application Number: 10/541,844		Filed: January 6, 2006
For: ORGANIC SILOXANE RESINS AND INSULATING FILM USING THE SAME		
Art Unit: 1715	Examiner: Emma C. Cameron	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$130 \$490 \$1110 \$1730 \$2350	\$65 \$245 \$555 \$865 \$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) <u>33,829</u>		
<u>/Matthew T. Bailey/</u> Signature		<u>April 13, 2010</u> Date
<u>Matthew T. Bailey</u> Typed or printed name		<u>(202) 496-7500</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input checked="" type="checkbox"/> Total of <u>1</u> Forms are submitted.		